


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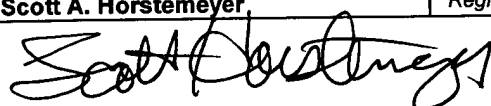
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Please type a plus sign (+) inside the circle → 

Approved for use through 09/30/00. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 061607-1300 First Named Inventor or Application Identifier Hazen, et al. Title SYSTEM AND METHOD FOR PREMISES END CROSSTALK COMPENSATION Express Mail Label No. EL484067827US	
APPLICATION ELEMENTS <small>See MPEP Chapter 600 concerning utility patent application contents</small>		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small> 2. <input checked="" type="checkbox"/> Specification [Total Pages 49] <small>(preferred arrangement set forth below)</small> - Descriptive title of the invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to Microfiche Appendix - Background of the invention - Brief Summary of the invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 3. <input checked="" type="checkbox"/> Drawing(s) (35 USC d113) [Total Sheets 11] 4. Oath or Declaration [Total Pages 3] a. <input checked="" type="checkbox"/> Newly Executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d)) <small>(for continuation/divisional with Box 17 completed)</small> [Note Box 5 below] i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR §1.63(d)(2) and 1.33(b).</small> 5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) <small>The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</small>	6. <input type="checkbox"/> Microfiche Computer Program (Appendix) 7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identical of above copies		
ACCOMPANYING APPLICATION PARTS			
8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & Documents(s)) 9. <input type="checkbox"/> 37 CFR §3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small> 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 14. <input type="checkbox"/> Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application Status still proper and desired <small>(PTO/SB/09-12)</small> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>if foreign priority is claimed</small> 16. <input type="checkbox"/> Other:			
<small>* A new statement is required to be entitled to pay small entity fees, except where one has been filed in a prior application and is being relied upon.</small>			
17. If a CONTINUING APPLICATION , check appropriate box and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: / Prior application information: Examiner _____ Group / Art Unit: _____			
18. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label 24504 <small>(Insert Customer No. or Attach bar code label here)</small> or <input type="checkbox"/> Correspondence address below			
NAME		Scott A. Horstemeyer Thomas, Kayden, Horstemeyer & Risley, L.L.P.	
ADDRESS		100 Galleria Parkway Suite 1750	
CITY	STATE	ZIP CODE	Atlanta Georgia 30339-5948
COUNTRY	TELEPHONE	FAX	U.S.A. 770-933-9500 770-951-0931
Name (Print/Type)		Registration No. (Attorney/Agent)	Scott A. Horstemeyer 34,183
Signature		Date	 8/25/00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

PATENTS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Hazen, *et al.*

Examiner: To Be Assigned

Serial No.: To Be Assigned

Group No.: To Be Assigned

Filing Date: Herewith

For: **SYSTEM AND METHOD FOR PREMISES END CROSSTALK COMPENSATION**

CERTIFICATE OF EXPRESS MAIL

Assistant Commissioner for Patents
BOX: Patent Application
Washington, D.C. 20231

Sir:

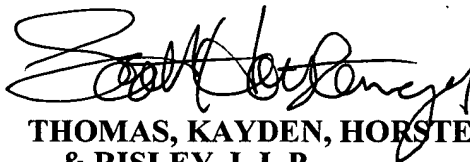
Enclosed for filing in the above case are the following documents:

Return Postcard
Utility Patent Application Transmittal
Fee Transmittal
Utility Patent Application Consisting of:
49 Pages of Specification
12 Pages of Claims
1 Page of Abstract
11 Pages of Formal Drawings
Assignment Cover Sheet and Assignment
Consisting of 5 pages
Declaration and Power of Attorney
Consisting of 3 Pages

Further, the Commissioner is authorized to charge Deposit Account No. 16-0255 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 16-0255.

Respectfully submitted,

Scott A. Horstemeyer; Reg. No. 34,183



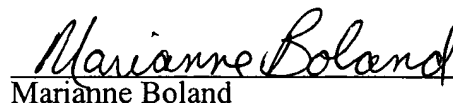
**THOMAS, KAYDEN, HORSTEMEYER
& RISLEY, L.L.P.**
100 Galleria Parkway, N.W.
Suite 1750
Atlanta, Georgia 30339-5948

Our Docket No: **061607-1300**

I hereby certify that all correspondences listed above are being deposited for delivery to the above addressee, with the United States Postal Service **"EXPRESS MAIL POST OFFICE TO ADDRESSEE"** service under 37 CFR §1.10 on the date indicated below:

The envelope has been given U.S. Postal Service "Express Mail Post Office To Addressee" Package # **EL 484067827US**.

Date: 8-25-00



Marianne Boland

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FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.
 These are the fees effective December 29, 1999
 Small Entity payments must be supported by a small entity statement,
 otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

Complete If Known

Application Number	To Be Assigned
Filing Date	Herewith
First Named Inventor	Hazen, et al.
Examiner Name	To Be Assigned
Group / Art Unit	To Be Assigned
Attorney Docket No.	061607-1300

TOTAL AMOUNT OF PAYMENT (\$) **1,696.00**

METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge to the following Deposit Account,

Deposit Account Number

16-0255

Deposit Account Name

Paradyne Corporation

- ☒ Charge any additional fee required and requested to credit any overpayment. ☐ Charge all indicated fees and any additional fee required or credit any overpayment.

2. ☐ Payment Enclosed:

☐ Check ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	690	201	345	Utility filing fee	\$690
106	310	206	155	Design filing fee	\$
107	480	207	240	Plant filing fee	\$
108	760	208	380	Reissue filing fee	\$
114	150	214	75	Provisional filing fee	\$
SUBTOTAL (1)					(\$690)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
65	-20**= 45	x 18.00	= 810
Independent Claims	5	-3**= 2	x 78.00 = 156
Multiple Dependent		260.00	=

**or number previously paid, if greater; For Reissue, see below

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	78	202	39	Independent Claims in excess of 3
104	260	204	130	Multiple dependent claims in excess of 3
109	78	209	39	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)				(\$) 966

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet.	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	380	216	190	Extension of time within second month	
117	870	217	435	Extension of time within third month	
118	1,360	218	680	Extension of time within fourth month	
128	1,850	228	925	Extension of time within fifth month	
119	300	219	150	Notice of Appeal	
120	300	220	150	Filing a brief in support of an appeal	
121	260	221	130	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,210	241	605	Petition to revive - unintentional	
142	1,210	242	605	Utility issue fee (or reissue)	
143	430	243	215	Design issue fee	
144	580	244	290	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	240	126	240	Submission of Information Disclosure Stmt.	
581	40	581	40	Recording each patent assignment per property (time number of properties)	40.00
146	760	246	380	Filing a submission after final rejection (37 CFR 1.129(a))	
149	760	249	380	For each additional invention to be examined (37 CFR 1.129(b))	

Other fee (specify) _____

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) **40.00**

SUBMITTED BY

Typed or Printed Name

Scott A. Horstemeyer

Signature

Scott A. Horstemeyer

Date

8/25/00

Complete (if applicable)

Reg. Number

34,183

Deposit Account User ID